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JAPANESE INFUENCE IN CHINESE MEDICAL EDUCATION¹

By Dr. E. V. COWDRY

CHINESE STUDENTS IN JAPAN

THE forty-fifth annual report of the Japanese Minister of State for Education, published in 1920, is an imposing volume of about four hundred pages, printed in English. It is an analysis of the activities of the department for the fiscal year 1917-1918, and clearly shows how Chinese students of all kinds come to Japan for their education. They are found from the Kindergartens to the Imperial Universities, in the technical schools, Academy of Music, Fine Art School, in the Schools of Agriculture and Forestry, of Sericulture and Filature, even in the schools for the deaf, in fact almost everywhere. In the public and private special schools 980 are studying law and politics (giving Japanese ideals a strong footing in China) as compared with 66 in medicine. In the Imperial Universities, where it is more difficult to gain admission, there are but 18 in medicine. It is quite clear from the context that the Chinese are often listed simply as "foreigners," though a very small minority of foreigners are probably Europeans. A conservative estimate would place the number of Chinese students at well over 4,500. The report, as far as it concerns us, may be summarized as follows:

Foreigners in elementary schools.....	71
Foreigners in public and private kindergartens.....	127
Chinese in Tokyo School for the Deaf.....	1
Chinese in Tokyo Higher Normal School for Men.....	79
Chinese in Hiroshima Higher Normal School.....	6
Chinese in Tokyo Higher Normal School for Women.....	7
Foreigners in normal schools.....	1
Foreigners in public and private middle schools.....	11
Foreigners in public and private higher schools for girls.....	1
Chinese in higher schools.....	154
Foreigners in Tokyo Imperial University.....	52
Chinese in Kyoto Imperial University.....	29
Foreigners in Tohoku Imperial University.....	17
Chinese in Kyushu Imperial University.....	10
Chinese in Kokyo Fine Art School.....	13

¹ Anatomical Laboratory of the Peking Union Medical College and the Laboratories of the Rockefeller Institute for Medical Research, New York.

Foreigners in public and private special schools.....	1,188
Foreigners in Tokyo Academy of Music.....	11
Chinese in Kagoshima Higher School of Agriculture and For- estry	10
Chinese in Tokyo Higher School of Sericulture and Filature....	4
Chinese in Tokyo Higher Commercial School.....	24
Chinese in Kobe Higher Commercial School.....	14
Chinese in Nagasaki Higher Commercial School.....	8
Foreigners in Tokyo Higher Technical School.....	202
Chinese in Osaka Higher Technical School.....	27
Chinese in Kyoto Higher Technical School.....	5
Chinese in Nagoya Higher Technical School.....	10
Chinese in Kumamoto Higher Technical School.....	1
Foreigners in public and private technical schools.....	29
Foreigners in public and private miscellaneous schools.....	3,052
	4,962

Since the elementary schools maintained by the Chinese communities in Yokohama, Osaka and other large commercial centers, and some private schools, are apparently not always included, it is safe to estimate that the number of Chinese students returning home each year to enter professional or business careers is well over a hundred. During the past few years some ill-feeling has developed but there are indications that a few of the more progressive Japanese are alive to the fact that these students may be converted into ambassadors of good will between the nations. It is unlikely that there has been any great falling off in number. Detailed reports subsequent to 1917-1918 are unavailable; but Mr. Shun Ichi Ono has very kindly obtained data from the official records kept in the "Inspection Office for Chinese Students in Japan," maintained in Tokyo by the Chinese Government, showing that 199 Chinese students have registered for courses in medicine (including dentistry) for the academic year 1921-1922 distributed as follows:

Aichi Medical School.....	14
Chiba Medical School for Women.....	1
Chiba Special Medical School.....	50
Fuji Pharmaceutical School.....	1
Jikei Medical School (Tokyo).....	6
Keioh University Medical School.....	1
Kyoto Imperial University.....	6
Kyoto Medical School.....	3
Kyoto Prefectural Medical School.....	2
Kyoto Pharmaceutical School.....	4
Kyushu Imperial University.....	17
Mizuhara Midwifery School.....	1
Nagasaki Midwifery School.....	5
Nagasaki Special Medical School.....	9
Nagoya Prefectural Medical School.....	1

Nippon Medical School (Tokyo).....	23
Okayama Special Medical School.....	6
Osaka Dental School.....	1
Osaka Prefectural Medical School.....	5
Tokyo Dental School.....	4
Tokyo Imperial University.....	2
Tokyo Medical School.....	17
Tokyo Medical School for Women.....	15
Tokyo Midwifery School.....	3
Tokyo Pharmaceutical School.....	2

 199

The records show that the expenses of 118 of these students are paid by the Federal or Provincial Chinese governments and that 54 come at their own expense. The means of support of the remaining 27 are not given. It is interesting to note that none of the government students attends the Imperial University Medical Schools, perhaps on account of their insufficient pre-medical training or in view of the relatively high fees. They attend for the most part the special medical schools of which Chiba appears to be the most popular, with an enrollment of 50 students. The Nippon and Tokyo Medical Schools, which also attract a considerable number, are of rather inferior grade.

The fact that 25 out of the total number of 199 students, or a little over 12 per cent. are women, is indicative of the broad-minded policy which the Chinese are adopting toward medical education for women. It is indeed a considerably larger percentage of women medical students than we find, even in the United States, where in the year 1920-1921, they amounted only to 5.9 per cent.² It is significant also that 9 of them are maintained by the Chinese government; but why they should be sent to Japan where the opportunities for women medical students are distinctly less favorable than in China³ it is very difficult to suggest.

The instruction offered is fairly uniform, because, in Japan, government control is far-reaching, and the private schools are usually well-organized and systematic in the enforcement of their requirements. Judged by the "Standards of the Council on Medical Education and Hospitals of the American Medical Association," with liberal allowance for difference in local conditions, very few of the Imperial Universities and special medical schools would fall below "B" grade while quite a number would probably be granted "A" rating. From our point of view there seems to be room for improvement in at least two directions.

² *Jour. Amer. Med. Assn.*, Chicago, 1921, lxxvii, 531.

³ Cowdry (E. V.), *Anat. Record*, Phila., 1920, xx, 52.

The Japanese have outdone the Germans in the domination of the lecture method and have failed to compensate for so doing by giving elective courses and by making the curriculum elastic. For example, in thirteen representative medical colleges, lectures consume on an average of 59.67 per cent. of all the time allotted to the teaching of anatomy.⁴ In one case they take up as much as 90 per cent. Since approximately the same proportion of lectures is given in other subjects, it is fairly obvious that the students have but little opportunity to discover things for themselves and to develop originality. The rigidity of the curriculum and the absence of any elective courses worthy of the name tend in the same way to stifle individual initiative. On the other hand, it can not be denied that students do learn the principles of medicine in a thorough if cut-and-dried fashion and that they profit greatly by their experience in other ways.

Only one Japanese instructor has volunteered the information (quite unsolicited) that Chinese students are in some cases unfairly treated. The accusation usually comes from foreigners, who know nothing first-hand, or from Chinese, who have also studied in the United States or in Europe. As a matter of fact, Chinese students are probably treated with indifference, or with a shade of patronage, which they may easily resent when they notice how different it is in the United States, where the instructors are particularly interested in them and vie with each other in their efforts to bring out their best qualities, so that, in effect, they receive preferential treatment. I have received verbal confirmation of the statement made in the report of the China Medical Commission of the Rockefeller Foundation⁵ that entrance requirements are reduced in the case of Chinese students. This probably does not apply to the Imperial Universities. Actually, it is an encouragement to Chinese students to take up the study of medicine, though the motive may have been to increase the number of students for political or financial reasons.

It is perhaps safe to assume that these young Chinese, like many of their Japanese teachers, come to believe that Western supremacy depends upon nothing more than skill in mechanical inventions. This interpretation is soothing to their feelings, which are some times ruffled by the apparent crudity of Western customs. The more thoughtful among them may notice how thoroughly the Chinese classics are studied throughout the Empire and what excellent libraries are to be found in Tokyo, almost rivaling those in

⁴ Cowdry (E. V.), *Anat Record*, Phila., 1920, xviii, 84.

⁵ Rockefeller Foundation, 1914, Report of the China Medical Commission on Medicine in China. University of Chicago Press, 113 pp.

Peking, as compared with the easy way in which the classics are dismissed from consideration in the occident. As they follow the successive steps in Japan's renaissance, they cannot help observing that it is quite possible to take advantage of Western discoveries without jeopardizing the fundamental ideals of oriental civilization. Far from being injured by the new teaching Shinto and Buddhist shrines receive financial support from the Imperial Department of Education and are gradually increasing in number. Whether this increase is commensurate with the increase in population, I am unable to say, but even a casual visitor will notice how carefully the temples are tended in comparison with the dilapidated and neglected appearance of national monuments in China. They note also that the Japanese have overcome their scruples and have organized a system for obtaining bodies for dissection, which is unique in its efficiency. During the year 1914-15 over one thousand bodies were available at the Tokyo Imperial University alone; about ten times the yearly supply for the whole of China.

BODIES DISSECTED IN THE JAPANESE IMPERIAL UNIVERSITIES

YEAR	TOKYO	KYOTO	TOHOKU	KYUSHU
1917-18	781	370	223	378
1916-17	939	416	173	396
1915-16	724	435	93	438
1914-15	1,328	427	94	330
1913-14	888	433	89	329

The atmosphere in which the students live is charged with a strange mixture of liberalism and autocracy. Surprising innovations are being made, some of which are almost without parallel, even in the United States. The real significance of the enforcement of a law, passed some years ago, according to which the Presidents of the Imperial Universities of Tokyo and Kyoto are appointed on the recommendation of a nominating committee elected by the faculty, instead of by the Emperor, probably escapes them; but they do observe that freedom of speech is increasing and that the voting franchise is being extended. Growing confidence in the democratic methods of private schools is exemplified by the President of the Kyoto Imperial University sending his son to the Keioh University in preference to a government institution, an action which caused lively discussion and comment. The liberal and progressive element is certainly gaining strength in all domestic affairs, but unfortunately it is still quite inconspicuous in the foreign policy pursued by the government in Korea and in China. Both at home and abroad these students have had a taste of the shady side of militarism so that many of them become intensely liberal in their sympathies. With their pride of race they feel, and

are justified in feeling, that what Japan has done they can also do. As far as they are able, they will try to duplicate her successes and to avoid the painfully mistaken Prussian philosophy of her military leaders. On their return to China, many of them secure positions of responsibility and exercise considerable influence (often political) in the federal and provincial medical schools and hospitals. It is natural for them to send their own students to Japan, to buy their medical supplies in the Japanese markets with which they are familiar, and, in some cases, to appoint skilled Japanese instructors to important posts in which other foreigners would not be tolerated. Only recently, following the Shantung award, has it become necessary to replace these Japanese by Chinese in the medical schools of the capital.

Professor John Dewey⁶ sums up the situation as follows: "Although cultivated Japanese as well as politicians like Marquis Okuma have long proclaimed the right and duty of Japan to lead China, to be the mediator in introducing western culture into Asia (including India, where they look upon the English⁷ as alien interlopers), few Americans have taken seriously the dependence of China upon Japan in just these ways. I have seen books on the development of modern Chinese education which do not mention Japan, which attribute the renovation of the Chinese system to American influence, and which leave the impression that it is molded upon the American common school system. As a matter of fact, it is molded administratively wholly after the Japanese system, which, so far as Western influence enters in, is based on the German system, with factors borrowed from French centralization. I have visited nine provinces and seen the educational leaders in the capitals where the higher schools are concentrated. There are but two cities, Peking and Nanking, where, in the government schools, direct western influence begins to approach the Japanese, either in methods or personnel. To talk about returned students and fail to discriminate between those from Japan and those from Europe and America is to confuse everything touched by the discussion." He goes on to say that "By far the greater number of the revolutionary leaders who formed the Republic were Japanese or had lived in Japan as refugees and imbibed its culture as they never assimilated that of the West."

JAPANESE TEACHING IN CHINA

In addition to training Chinese students at home, the Japanese

⁶ *The Asia Magazine*, 1921, xxi, 582.

⁷ In this, the Japanese are deceiving themselves, because anthropologists hold that the English are Aryan and consequently more closely related to the Hindus (who are also Aryan) than are the Japanese.

are actively carrying medical education into China. In 1911 the South Manchuria Railway Company established a good hospital and medical school at Mukden. The arrangement of buildings is illustrated on page 290. Visitors are ushered into a reception room and, after a fitting delay, are received by the director who conducts them on a tour of inspection. On entering the wards, which extend out behind the main hospital building and are spotlessly clean, dispensation is courteously granted so that it is not necessary to follow the Japanese custom and remove one's shoes. Any dirt that may have been introduced is quietly wiped away by nurses wearing their black and heavily-oiled hair piled high in pompadour, precisely as in Tokyo. Passing from building to building, along paths bordered with newly planted trees, one is impressed with the completeness of it all. No necessary detail of equipment or administration seems to have been forgotten. The new laboratory building, shown on page 291, would not seem out of place on the campus of one of our best universities. It is semi-fireproof and the rooms are laid out upon the unit system and supplied with moveable furniture so that they may be easily adapted to meet the changing demands of medical science.

Useful information is given in the official announcement, printed in English (for the convenience of foreigners), from which I quote *verbatim* as follows:

AIMS OF COLLEGE

The aims of the college lie in training Japanese and Chinese physicians of fine character and competent ability who assume their parts to contribute to the progress of medical science, particularly to study the natures of, and the cures for, endemics peculiar to Manchuria.

STATUS OF COLLEGE

The college stands on a plane equal to the medical colleges at home under government management. It is organized according to the Imperial College Act. It goes without saying that the graduates of this college are entitled to every privilege and qualification accorded to the graduates of home colleges.

COMPETITIVE ENTRANCE EXAMINATION

The competitive entrance examination for the first year grade of the principal course is conducted in:

Mathematics (algebra, geometry and trigonometry), physics, chemistry, natural history (zoology, botany, physiology and hygiene), composition, foreign language (either English or German), Japanese (for Chinese applicants only), etc.

The standard of the examination is put on a level similar to that of a graduate of a middle school.

The entrance examination for the first grade of the preparatory course is held in mathematics (arithmetic and algebra), physics, geography, and history, Chinese classics, drawing, etc., on a level with the third year of the middle school.

CURRICULUM

The new students joining the first year grade of the preparatory course

are to take up the study of ethics, Chinese classics, Japanese, mathematics, physics, chemistry, biology, gymnastic exercises, etc., in the course of two years, and then pass into the first grade of the principal course.

The curriculum of the principal course running four years comprises: Physics, chemistry, anatomy, physiology, pathology, pharmacology, inter-clinique, surgery, kindereclinique, dermatology, the science and treatment of venereal diseases, rhyno-laryngo-otology, ophthalmology, gynecology, psychology, hygiene, bacteriology, medical jurisprudence, dentistry and oral surgery, ethics, Chinese or Japanese (Chinese for the Japanese students and Japanese for the Chinese), German, gymnastic exercises, etc.

MONTHLY EXPENSES OF STUDENTS

The monthly expenses of a student inclusive of tuition fee, dormitory expenses, etc., amount about Y 17 each.

I am indebted to Doctor Motoi Yamada, Director of the college at the time of my first visit, for many courtesies and to his successor, Doctor M. Hirano, for the following detailed information which shows a steady increase in the proportion of Chinese students compared with Japanese, and enables us to calculate the cost of the education provided. In 1921 the outlay for current expenses exceeds the income by 394,773 Yen, so that each of the 212 students represents a yearly expenditure of 1,862 Yen or about \$931 U. S., which compares favorably with the tuition fee of 17 Yen per month (including dormitory and other expenses). On the basis of ten months' instruction per year, this would amount to 170 Yen, or about \$85 U. S.:³

ANNUAL BUDGET OF 1921

	(School)	(Hospital)
Buildings, gold yen.....	186,912	314,348
Instruments	5,400	9,000
Books	8,100	—
Income	6,472	434,574
Current Expenses:		
Outlay	278,703	557,116

STUDENTS

	(Japanese)	(Chinese)	(Total)
Final class.....	18	13	31
Fourth class.....	25	15	40
Third class.....	19	17	36
Second class.....	28	16	44
First class.....	37	14	61
Total	127	85	212

³ The Report of the Council on Medical Education and Hospitals (*Jour. Amer. Med. Assn.*, Chicago, 1921, lxxvii, 534) for the year 1920-1921 shows that in 42 American medical schools listed in Class A, the fees for each student range from \$175 to \$350 per year, which does not include the very large item of living expenses.

GRADUATES

(No.)	(Year)	(Japanese)	(Chinese)	(Total)
1st	1915	11	0	11
2nd	1916	12	0	12
3rd	1917	17	4	21
4th	1918	24	11	35
5th	1919	24	14	38
6th	1920	25	15	40
Total		113	44	157

BODIES FOR ANATOMICAL PURPOSES

(Year)	(Men)	(Women)	(Total)
1911	3	2	5
1912	18	5	23
1913	31	7	38
1914	44	10	54
1915	120	21	141
1916	88	15	103
1917	65	14	79
1918	56	14	70
1919	34	10	44
1920	71	12	83

PATIENTS

(Year)	(Outpatients)	(Inpatients)	(Total)
1911	23,543	13,884	37,427
1912	35,890	20,000	55,890
1913	62,035	34,701	96,736
1914	68,911	49,628	118,539
1915	69,536	67,257	136,793
1916	84,839	70,507	155,346
1917	114,423	75,888	190,311
1918	116,135	74,847	190,982
1919	126,033	83,417	209,450

A beautiful booklet, bound in yellow silk, containing a splendid selection of photographs of the buildings, clinics and points of interest, has been recently published and may be obtained from the director. In the pre-clinical divisions there is an adequate full-time staff, so that the college is able to distribute every year a most creditable volume of reprints of scientific contributions. An important innovation is made with respect to travel. Entire classes of students have visited our college in Peking and make other expeditions in order to become familiar with local conditions.

The Chinese students at Mukden appear to be treated on a basis of absolute equality with their Japanese companions; whereas, in the Japanese Government School at Seoul (Keijo Medical School), a special and more advanced course is provided for the Japanese which gives them certain privileges not enjoyed by the Koreans. The two courses are clearly set forth in the yearly Japanese an-

nouncement.⁹ In practical gross anatomy, for instance, the Japanese are given 144 hours and the Koreans only 36. No harmful results of the present régime are noticeable, probably for the reason that a missionary institution, the Severance Union Medical College, gives excellent medical training to classes chiefly composed of Koreans which compensates so that highly trained Koreans, as well as Japanese, enter medical practice.

The Japanese Government maintains a medical school in Formosa, which admits Chinese students, and is reported to be in good condition. The Japanese military authorities have closed the former German Medical School at Tsingtau, though the hospital is said to be open. I am told¹⁰ that Professor M. Miyajima, of the Kitasato Institute of Infectious Disease, has recently visited Shanghai in order to report on the advisability of opening there a branch of the Institute. Such action would meet a need which has long been felt for sera of different kinds.

A Japanese society, of which the late Marquis Okuma was president, operates a system of hospitals in the larger cities, such as Peking, Nanking, Shanghai, etc., and a new one is now under construction at Hankow. The entrance to the Dojin Hospital of this society in Peking is shown on page 292. The style of architecture is very characteristic of Japanese buildings in China. While these hospitals are intended primarily for Japanese residents, and occasionally afford asylum to Chinese political refugees, they do take in number of Chinese patients and serve as active centers for the dissemination of ideas of western medicine. The cures which are effected lead the people to doubt the efficacy of native Chinese medicine which is a stride in the right direction for dissatisfaction with present conditions is the strongest motive for improvement.

Japanese drug stores are widely scattered in many towns throughout China. The drugs are not of the best and morphine is often sold in disguise, as has been shown in a careful survey undertaken by the "Peking and Tientsin Times" in 1920. But we recall that other nations hold no monopoly of virtue with respect to either opium or patent medicines. The drugs dispensed in these stores at considerable profit are, at least, improvements on native Chinese remedies which are often made up on the principle that they must be as disgusting as possible in order to frighten away the evil spirits which cause the disease. The stores will continue to be little clinics where informal advice is given regarding minor ailments. Good business demands that the proprietors attempt to give

⁹ I am indebted to Dr. E. T. Hsieh for a translation.

¹⁰ By Professor Hiroshi Ohshima of the Kyushu Imperial University.

satisfaction to their customers and not impose upon them to the point of losing their patronage. "A little medicine is a dangerous thing" where it leads to ignoring the valuable advice of competent physicians; but, in China, where there are so few physicians, a little western medicine is certainly better than none at all. It is, at least, a competitor in a small way, and weakens the monopoly of native medicine, which, with its large elements of fancy and superstition, exercises, in my opinion, a strong inhibiting influence upon independence of thought and action.

In times of plague and famine, the Japanese are always among the first to come forward to help. Just at present there is a tendency to disparage their efforts and to look for hidden motives which may not exist. When they contribute to famine relief, it is called propaganda; when they erect a new hospital, it is also called propaganda, leading, it is said, directly to disarming opposition and to making the penetration and eventual control of China easier. Every action in which a selfish motive cannot be immediately seen is labeled in the same way, and they are not slow to return the compliment by suspecting the actions of other foreign nations. There can be no doubt that many Japanese regard the expenditures of the Rockefeller Foundation in China as propaganda pure and simple. An aphorism of the Chinese philosopher, Lao Tzû¹¹ is *à propos*: "He who has not faith in others shall find no faith in them." This mistrust is lamentable because it makes cooperation so very difficult. As a matter of fact, the absence of organized Japanese propaganda in China with attractive concessions aiming at the establishment and maintenance of cordial relations is most noticeable.

Japanese help comes in a perfectly natural and straightforward way. The Chinese Army Medical School in Peking may be in part regarded as an outcome of the repeated demonstration by the Japanese in North China of the practical value of a really efficient army medical service. Regimental surgeons in the south of China are trained at the Kwangtung Provincial Medical School at Canton, which is below par in both equipment and personnel. During hostilities, officers from the headquarters of the Chinese Red Cross in Peking are occasionally supplied to the southern troops.

Japanese settlements in the treaty ports and elsewhere are, as one would expect, growing much more rapidly than those of other nations. The in-coming Japanese bring with them improved methods of sanitation and for the care of the sick which they place

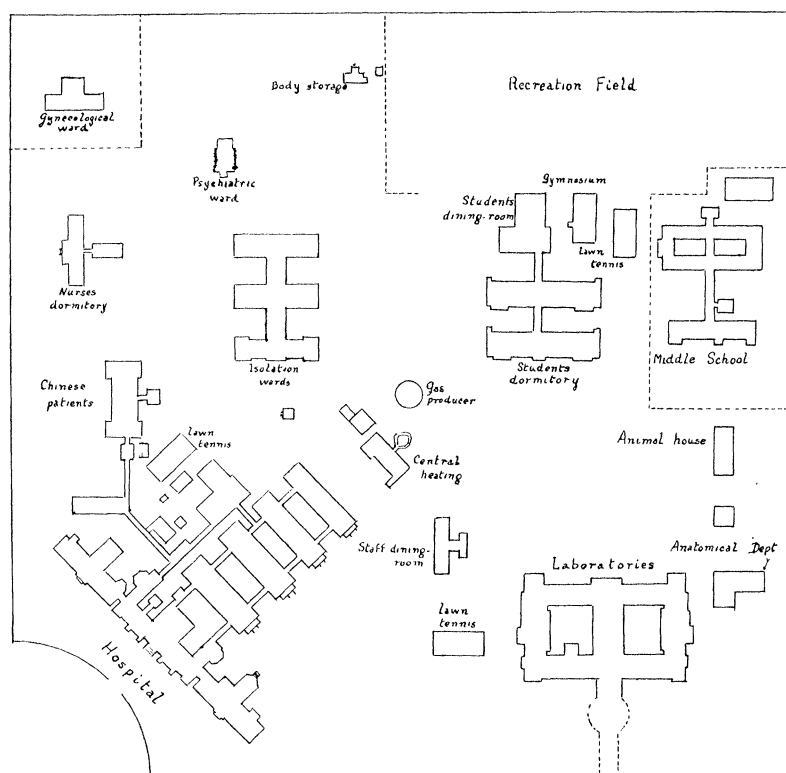
¹¹ Giles (Lionel), *The Sayings of Lao Tzu*. London, John Murray, 1917, 53 pp.

at the disposal of the Chinese at a price which the Chinese are usually well able to pay. It is not at all a question of charity, which the Chinese find it so difficult to understand. Their schools and hospitals in China, like those of the Chinese Government, are absolutely free from religious teaching. Conversion to Shintoism is not even a desideratum. The Japanese have numerous temples in China which can be recognized by the peculiar arches, called *tori*, at their entrances, but there is no attempt to demonstrate, or even to suggest, the superiority of the form of Buddhism which they profess. It is, I think, safe to say that without the tremendous force and inspiration of the missionary motive the Japanese have, indirectly and without any spirit of altruism, accomplished more in the introduction of modern medicine than any other nation. Certainly the results obtained by the non-missionary organizations of any country (except perhaps the United States) do not bear comparison with those of the Japanese. Of the thirteen medical schools under foreign control (not counting Japanese), eleven are under missionary auspices, the Medical Department of Hongkong University is a Government Institution and the Peking Union Medical College is "sympathetic with the missionary spirit and motive" with six of its thirteen trustees appointed by missionary societies.

It is to be hoped that the Japanese will adopt the plan of offering scholarships or prizes to Chinese students to enable them to study in Japan. To be most effective, these scholarships should come from the Imperial Japanese Department of Education in cooperation with the Foreign Office but commercial organizations trading in China are in a position to help. If, for instance, some of the large firms dealing in medical supplies, comparable to Burrows Wellcome & Co., in England, should offer a scholarship to the student graduating at the head of his class in each of the Chinese provincial medical schools enabling him to study for a year in a Japanese Imperial University, it would establish cordial relations and the firm would certainly not be the loser in the long run. This might pave the way for the establishment of a system of exchange professorships between Japanese and Chinese Universities. If the Japanese will only coordinate and systematize their influence in the introduction of modern medicine into China, important results will surely follow for their opportunity is unique.

JAPAN'S QUALIFICATIONS AS TEACHER

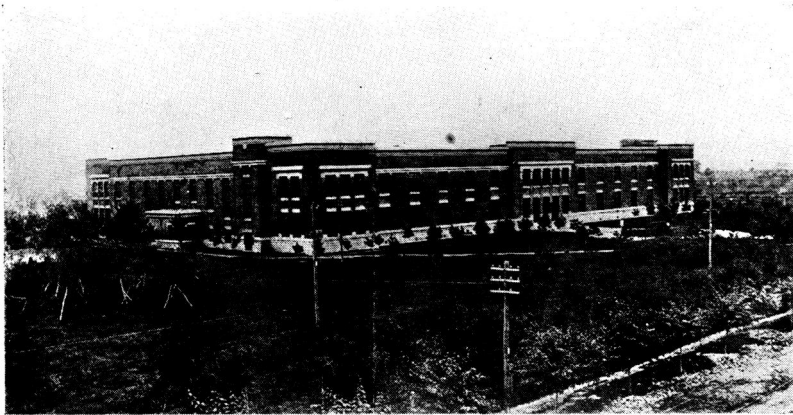
European nations can help China but the help is as nothing compared with what the Japanese are capable of giving. They



PLAN OF ARRANGEMENT OF BUILDINGS OF THE SOUTH MANCHURIAN RAILWAY MEDICAL SCHOOL, MUKDEN

have almost accomplished the task which China is beginning. Seventy-five years ago, the same kind of native medicine was powerful in Japan. With the aid of their strongly centralized government, they have rigorously attacked it and have almost banished it from the Empire so that the casual visitor has to look carefully indeed to find any traces remaining. The picturesque priest-doctors of Old Japan, illustrated so well in a recent number of the "National Geographic Magazine," are seldom seen. The old Chinese pharmacopœia with its noisome preparations has been cast aside; and acupuncture, or the art of healing by relieving the body of the malicious excess of male or female principles through needle-sticking, has been made unpopular. An intellectual revolution has, in fact, been accomplished. Thanks also to the circumstance that the Japanese have borrowed their writing and their culture from China, it is relatively easy for them to make themselves at home and to understand local conditions. It is fashionable now-a-days to harp on racial differences, but in Peking Cantonese are sometimes mistaken for Japanese; and, when I visited

the Tokyo Imperial University with a Japanese friend who out of politeness to me spoke English, he was at first mistaken by his fellow-countrymen for a Chinese. Similarity of this kind is of course exceptional, but it is none the less significant. Nobody would long mistake a European for a Chinese. And, lastly, the Japanese have the advantage of propinquity. With the establishment of a new line of fast steamers between Shanghai and Nagasaki, reducing the time of passage to less than thirty six hours, travel will be greatly expedited. Close estimates show that it costs less than one tenth as much for Chinese students to obtain a good medical education in Japan as it does in the United States. Under these circumstances it is not surprising that some of the provincial governments send more students to Japan than do all the rest of



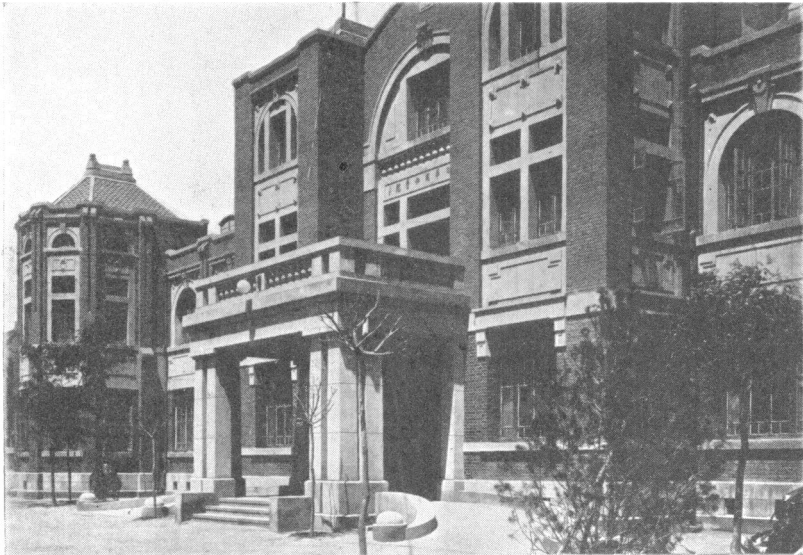
NEW LABORATORY BUILDING OF THE SOUTH MANCHURIAN RAILWAY MEDICAL SCHOOL
DEVOTED CHIEFLY TO INSTRUCTION AND RESEARCH IN THE PRECLINICAL SCIENCES

the world put together. I am informed¹² that the Province of Chekiang maintains approximately thirty students of different kinds in Europe and America as compared with about one hundred in Japan. Students who have to save up and pay their own way find the low traveling expenses and simple scale of living in Japan very attractive.

Though I agree with the late Marquis Okuma that it is the right and duty of Japan to aid China, I do not for a moment advocate anything approaching a monopoly in this respect; for if the help of other foreign powers are withdrawn, or pursued with less vigor, it would be a very real catastrophe. Japan's contribution can be made of great value in spite of the fact that she is naturally unable

¹² Dr. Tsang G. Ni of the Hangchow Provincial Medical School, Hangchow, Chekiang.

to compete on an equal footing with Western nations in the introduction of western culture and philosophy. She gives what she has herself absorbed in the manifold applications of science to human welfare; but China is such an immense country that there is ample room for all the assistance that can be rendered. The goal is still afar off. As a matter of fact, hardly a beginning has yet been made since the large rural population remains untouched. We have to guard against misplaced optimism. China's traditional inertia will probably prevent the change from spreading over the nation with lightning-like rapidity as in Japan. A stable and united government is one prerequisite and Japan can help as none other to this end if she so desires. The calling of the Arms



ENTRANCE TO THE DOJIN HOSPITAL, PEKING

Conference in Washington is in reality a challenge to the liberal party in Japan to arise and throw off part of the burden of armaments, to refrain from military aggression and political intrigue in China and to lead other nations in a constructive program which will eventually place China in a position to help herself and to contribute her share toward "the welfare of mankind throughout the world."

The way is plain—all that is needed to extend Japanese influence is to put in practice a sufficiently comprehensive and well thought out program in which cooperation is the key-word. It is, after all, a problem in racial psychology. During many cen-

turies China has been the intellectual master of Japan.¹³ Now a rather delicate adjustment is required in the mental attitude of the new teacher as well as the old master. Japan's great success in adapting herself to the outside world, and the outcome of an unequal struggle with Russia, has bred arrogance, but I am one of those who believe that when she adopts a conciliatory and helpful attitude, China will meet her more than half way. Certain it is that the great masses of China's vast agricultural population have not yet awakened even to a realization of their wrongs. They toil on in philosophic calm and regard all foreigners with indifference. Much depends upon the spirit in which they, through education, slowly come to develop coherence and national ideals. In this, also, Japan will play a leading rôle.

¹³ Fujikawa's *Geschichte der Medizin in Japan* (Tokyo, 1911) is replete with references to Chinese influence in the introduction of medicine into Japan, particularly during the Tang and Ming dynasties. Not only was medicine introduced by travelers and priest-doctors but the Japanese government sent special students to China to study medicine as early as 608 A. D. Not until the coming of Europeans did Chinese influence begin to wane.